

**MARYLAND COMPREHENSIVE CANCER PLAN
BREAST CANCER SUBCOMMITTEE
MINUTES OF THE SEPTEMBER 17, 2002 MEETING**

Attendance:

Kathy Helzlsouer, MD, MHS, Johns Hopkins Bloomberg School of Public Health –Committee chair

Eric Whitacre, MD - The Breast Center at Mercy Hospital

Cathy Copertino – Holy Cross Hospital

Stanley Watkins, MD – Annapolis Medical Specialists

Marsha Oakley ? Arm-in-Arm, The Breast Center at Mercy Hospital

Stephanie Seipp - MedChi

Young Joo Lee, MD – Harbor View Cancer Center

Franny Lerner – Chase-Brexton

Susan Bauman-Stuart – American Cancer Society,

Renee Royak-Schaler, Ph.D. – University of Maryland School of Medicine

DHMH Staff:

Marsha Bienia – Director, Center for Cancer Surveillance and Control

Donna Gugel - Breast and Cervical Cancer Screening Program (BCCP) Director

Toni Brafa-Fooksman - BCCP Coalition Coordinator

Kate Shockley – Comprehensive Cancer Plan Coordinator

Robert Villaneuva – Executive Director, State Cancer Council

MEETING SUMMARY:

Cancer Registry:

The Cancer Registry collects information regarding the “scope of regional lymph node surgery.” In 1999, data was reported to the registry by fifty-one hospitals. However, the results of lymph node surgery were reported only 36.5% of the time. To evaluate the utilization rate of sentinel node biopsies better data is needed.

Ideal Breast Cancer Model / Issues and Solutions:

A summary of the breast cancer issues and solutions survey was distributed to committee members and discussed. Four areas of concern were identified: prevention, early detection, treatment, and long term survivorship. The ideal cancer plans, developed for each area, were distributed and discussed.

Several recurring issues were discussed:

- The need for the development of culturally sensitive educational materials and for cultural awareness training at all levels.
- Maryland’s high breast cancer mortality rate, particularly among minorities.
- Providing free screening and, if needed, diagnosis and treatment to all women regardless of income

- The use of data from the cancer registry to assess incidence, mortality and treatment utilization
- Over-diagnosis/over-treatment – using invasive procedures when less invasive ones would be appropriate
- The need for emotional support, patient navigators.
- The need to develop/endorse patient care guidelines / algorithms and define the roles of members of the patient care team.
- Providing patients with information that will allow them to make informed decisions about their care and long term follow-up (survivorship issues).
- Allow other institutions to apply for Cigarette Restitution Funds to conduct research.

Committee members will be sent a draft of the presentation to be given at the consensus conference. Comments should be sent to Donna Gugel. Cathy Copertino and Donna will present the committee report at the consensus conference on October 16, 2002.

The group will reconvene in the spring to review a draft breast cancer chapter.